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## \*BIBDATASHEET\*

CONFIRMATION NO. 8632

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/825,355	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 564	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> 7682-113-999
<b>APPLICANTS</b> Aurelia Haller, Redwood City, CA; Kathleen L. Coelingh, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/531,375 03/21/2000 PAT 6,764,685				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/12/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Jonathan Klein-Evans One MedImmune Way Gaithersburg, MD20878				
<b>TITLE</b> RECOMBINANT PARAINFLUENZA VIRUS EXPRESSION SYSTEMS AND VACCINES				
<b>FILING FEE RECEIVED</b> 3068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	